

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	04/12/2024 14:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/12/2024 23:00 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9857S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH QJWUE SENG EDWIN
NRIC No	SXXXX158J
Email Address	edwinsqs@yahoo.com
Mobile Phone No	(Phone) +65-98471045
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNPV2022-00001332

DRIVER

Name of Driver	SEAH QJWUE SENG EDWIN
NRIC No	SXXXX158J
Date Of Birth	02/04/1970
Occupation	Indoor
Driving Pass Date	17/04/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98471045
Alt. Phone Number	-
Email Address	edwinsqs@yahoo.com
Address	156 MARIAM WAY #04-09
Address complement	-
Postcode	507082
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2922R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	QUEK SEOW HWEE
Contact Number	(Phone) +65-96616307
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP9903Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALEXANDER LENZ
Contact Number	(Phone) +65-90211176
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEAH QJWUE SENG EDWIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK/NECK PAIN
Injured person in which vehicle?	SMQ9857S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

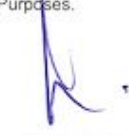
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

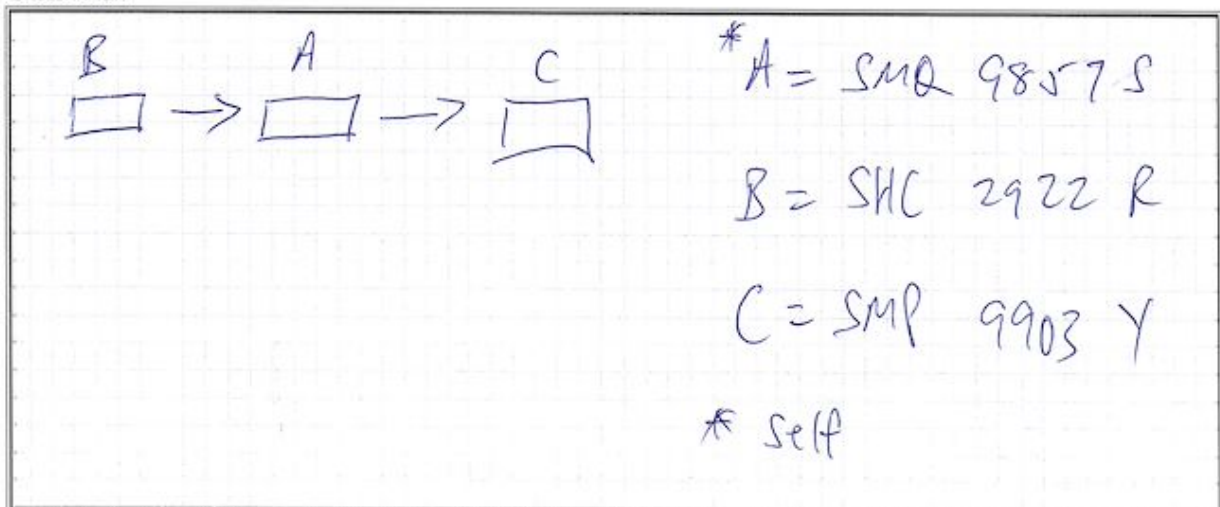
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



* A = SMQ 9857 S

B = SHC 2922 R

C = SMP 9903 Y

* Self

Describe Circumstance of the Accident

I was nearing a stop / stopped at a traffic light along Orchard Rd (in front of Wheelock Place) when a taxi rear-ended me.

Significant damage to my rear.

I went to see a doctor on 4/12/24 and received 3-day medical leave.

The impact from the car hitting me caused me to propel forward and hit another car.

Declaration

I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20241204/2072

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20241204/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2024 18:10	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: SEAH QJWUE SENG EDWIN			Address: 156 MARIAM WAY #04-09 SINGAPORE 507082		
ID Type / ID No.: NRIC NO / S7010158J			Contact No.: Home/Office: Mobile: 98471045		
Nationality: SINGAPORE CITIZEN			Email: edwinsqs@yahoo.com		
Sex: Male	Age: 54	Date of Birth: 02/04/1970	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: NON-GOVERNMENT ORGANIZATION			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2024 22:45	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHC2922R	Taxi	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Blue	Seriously Damaged	0
SMP9903Y	Motor car	VOLKSWAGO N	GOLF 1.4 TSI CL	Grey	Slightly Damaged	0
SMQ9857S	Motor car	MERCEDES BENZ	A180 FL STYLE (R17 HLG)	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20241204/2072

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20241204/2072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK SEOW HWEE	ID No.	S1105779I
Related Vehicle	SHC2922R (Taxi)	Contact No.	96616307
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ALEXANDER LENZ	ID No.	S7389413A
Related Vehicle	SMP9903Y (Motor car)	Contact No.	90211176
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SEAH QJWUE SENG EDWIN	ID No.	S7010158J
Related Vehicle	SMQ9857S (Motor car)	Contact No.	98471045
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	04/12/2024	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of	NIL

Brief Details.

On the above-mentioned date, time and location, while I am driving along Orchard Road near to the traffic light, a taxi (SHC2922R) collided onto the rear of my vehicle (SMQ9857S) and the collision caused my vehicle to collide with the vehicle (SMP9903Y) in front of me. The impact of the collision caused my front body area to be in pain. I had visited the doctor today at Raffles Hospital and I was given 3 days of MC. The diagnosis for injuries is neck pain, left clavicle pain, lower back pain and left hip pain. X-rays were performed on my left clavicle and lumbar spine did not reveal any fracture. I will monitor my condition and consider an MRI scan for my lumbar spine if I don't feel better. No police or ambulance attended. That is all.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20241204/2072

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Report No. T/20241204/2072

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 2 CHUA WEN ZHONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SUPT (1) PHNG KAR SOON
Contact No.: 65476439

NP168

Signature Of Informant:

Date/Time:
04/12/2024 18:10

Classification Of Case: